

This form may be completed online, printed and mailed to the address listed.

**APPLICATION  
FOR APPOINTMENT TO THE  
BOARD OF EXAMINERS IN NURSING HOME ADMINISTRATION  
(NONPROFIT HOME MEMBER)**

**PLEASE PRINT OR TYPE**

Name:	First	Middle	Last	Credentials (ie, PhD, etc., if applicable)
Mailing Address:	Street/Box/RR			
	City	State	Zip	
Are you a resident of the State of Nebraska?				Answer Yes or No
Business Telephone:		Cell/Pager:		
Residence Telephone:		FAX Number:		
E-Mail Address:				
Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings?				Answer Yes or No
Please indicate how you became aware of this vacancy on this Board.				
Professional Association	HHS R&L Web Page		Newspaper	
Other (please explain): (Please use additional paper if space not adequate)				

**ELIGIBILITY REQUIREMENTS**

Do you hold a current Nebraska license to practice as a nursing home administrator?	Answer Yes or No
Are you currently employed in the management or operation of a nonprofit home for the aged or infirm or nursing home or hospital caring for chronically ill or infirm, aged patients?	Answer Yes or No
Are you expecting to remain in active practice for the duration of the term if you are appointed?	Answer Yes or No
If no, please explain: (Please use additional paper if space not adequate)	
Provide the number of years you have been engaged in the practice of nursing home administration	

**EDUCATION**

School	Location	Degree/Specialty	Completed Date

**DETAILED DESCRIPTION OF WORK EXPERIENCE AS A NURSING HOME ADMINISTRATOR  
WITHIN THE LAST FIVE YEARS IN NEBRASKA**

Type of Experience	Location	From/To	Average Number of Hours Per Week

**ADDITIONAL INFORMATION**

Describe your interest in this profession and why you wish to serve on this Board.

(Please use additional paper if space not adequate)

Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions?

**Answer Yes or No**

If yes, please explain: (Please use additional paper if space not adequate)

Have you ever had your statutory ability to practice or clinical privileges suspended or revoked?

**Answer Yes or No**

Are you currently under investigation?

**Answer Yes or No**

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed Application to: Joyce M. Novak, Administrative Assistant,  
Nebraska Department of Health & Human Services Regulation and Licensure,  
Credentialing Division, Nebraska State Office Building, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE  
68509-4986  
402/471-0182; FAX 402/471-3577

5/2005